U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official:Use:Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E \ O, D OT	
1. File Number U - 1/175	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name James E Moore	Name Northern WI Regional Council of Carpenters
	Labor Organization File Number 035-751
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street N2216 Bodde Road	Street N2216 Bodde Road
City Kaukauna	City Kaukauna
State Wisconsin ZIP Code + 4 54130-9740	State Wisconsin ZIP Code + 4 54130-9740
5. Position in labor organization. Executive Secretary-Treasurer	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 5. Name and address of Employer (including trade pages if any) 7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any).	
Name [
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City [
State ZIP Code + 4	
· Signature -	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the se	ving documents), has been examined by the signatory and is, to the best of the
Signed	On 3-30-06 920-996-2305 Date Telephone Number

Name of Person Filing James Moore	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Dearborn Partners LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 200 West Madison City Chicago State Illinois ZIP Code + 4 60606	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name WI Carpenters Fringe Benefits Funds Trade Name, if any: P.O. Box, Bidg., Room No., if any	Investment Committee Meeting, Breakfast, Lunch, Golf, and Dinner 2/18/05
Street 1704 Devney Drive	11.b. Approximate dollar value of such dealing. \$280
City Eau Claire	12.a. Nature of interest held or income received.
State Wisconsin ZIP Code + 4 54702	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
	, <u> </u>
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.
(including trade name, if any). Name Trade Name, if any:	

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2005. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2005, I will file an amended Form LM-30.

Jane & More. 3-30-06